

MONTHLY BUY OUT RATES FOR RMT AND EGR EFFECTIVE JULY 1, 2008

NAME OF HEALTH PLAN	NON-MEDICARE PLANS											
	INDIVIDUAL COVERAGE						FAMILY COVERAGE					
	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	FAMILY	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET
	FULL COST	25% OF F/C IND.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT	FULL COST	25% OF F/C FAM.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT
Fallon Community Health Plan-Direct Care	\$394.51	\$98.63	\$19.73	\$4.93	\$24.66	\$73.97	\$946.81	\$236.70	\$47.34	\$11.84	\$59.18	\$177.52
Fallon Community Health Plan-Select Care	468.17	117.04	23.41	5.85	29.26	87.78	1,123.60	280.90	56.18	14.05	70.23	210.67
Health New England	423.88	105.97	21.19	5.30	26.49	79.48	1,050.82	262.71	52.54	13.14	65.68	197.03
NHP Care (Neighborhood Health Plan)	418.60	104.65	20.93	5.23	26.16	78.49	1,109.29	277.32	55.46	13.87	69.33	207.99
UniCare State Indemnity Plan/Basic	759.26	189.82	37.96	9.49	47.45	142.37	1,825.40	456.35	91.27	22.82	114.09	342.26

MEDICARE PLANS

MEDICARE PLANS						
NAME OF HEALTH PLAN	MEDICARE	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET
	FULL	25% OF	TAX	TAX	PLUS	
	COST	F/C MED.	(20%)	(5%)	STATE TAX	AMOUNT
Fallon Senior Plan	\$198.36	\$49.59	\$9.92	\$2.48	\$12.40	\$37.19
Harvard Pilgrim Medicare Enhance	353.29	88.32	17.66	4.42	22.08	66.24
Health New England MedPlus	354.74	88.69	17.74	4.43	22.17	66.52
Tufts Health Plan Medicare Complement	322.77	80.69	16.14	4.03	20.17	60.52
Tufts Health Plan Medicare Preferred	167.00	41.75	8.35	2.09	10.44	31.31
UniCare State Indemnity Plan/Medicare Extension (OME)	335.09	83.77	16.75	4.19	20.94	62.83

Note: The Medicare full cost rates do not include the Medicare Part B premium.